

## Foster Family Home - Corrective Action Report

Provider ID: 1-634651

Home Name: Meloni Trias, CNA

Review ID: 1-634651-8

96-137 B Waiawa Road

Reviewer: David Ayling

Pearl City

HI 96782

Begin Date: 3/18/2019

### Foster Family Home

### Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 3/18/19. Corrective Action Report issued during home inspection with all items due to CTA by 4/18/19.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

### Personnel and Staffing

[11-800-41]

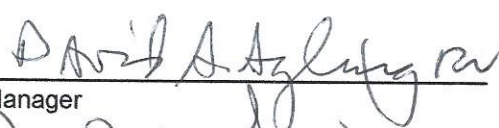
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

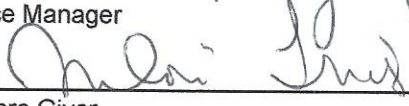
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) - No current TB clearance for CG #3. Expired on 10/15/18.

41.(b)(8) - No current Blood Borne Pathogen for CG #3. Expired on 2/22/19.

  
Compliance Manager

  
Primary Care Giver

3/18/19  
Date

3/18/19  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: Meloni Trias

CCFFH Address: 96-137 Waiawa Rd., Pearl City, HI 96782

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(6)(7) 41.(6)(8)	I received current TB clearance and Blood Borne Pathogen certification from CG#3 and placed in my CCFFH binder.	3/20/19	I placed the expiration dates for TB and Blood Borne Pathogen for all CG's on my iPhone calendar. I set the reminder for 1 month prior to expiration.

Primary Caregiver's Signature: Meloni Trias

Print Name: Meloni Trias

Date of Signature: 3.20.19